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**APPLICANTS**

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\*\* CONTINUING DATA \*\*\*\* *None*\*\* FOREIGN APPLICATIONS \*\*\*\* *Yes*

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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 1	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Dr</i> Examiner's Signature	<i>WZ</i> Initials			

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**TITLE**

Shear coupling

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